



Frequently Asked Questions: Coronavirus Disease 2019 (COVID-19) and Opioid Treatment Programs (OTP)

Updated March 13, 2020

Under Governor Larry Hogan's direction, state agencies continue to develop comprehensive and coordinated prevention and response plans for coronavirus disease 2019 (COVID-19).

The Maryland Department of Health's Behavioral Health Administration (BHA) will provide updates as this situation develops.

Please note: This is a rapidly evolving situation. Visit the MDH and CDC websites frequently for the most updated information. For up-to-date information and resources about COVID-19 in Maryland, visit health.maryland.gov/coronavirus. Information from the CDC can be found at <https://www.cdc.gov/>.

Background

COVID-19 is a disease caused by a respiratory virus first identified in Wuhan, Hubei Province, China in December 2019. COVID-19 is a new virus that hasn't caused illness in humans before. Worldwide, COVID-19 has resulted in thousands of infections, causing illness and in some cases death. Cases have spread to countries throughout the world, with more cases reported daily.

COVID-19 is thought to be able to spread like the cold or flu through:

- coughing and sneezing, which creates respiratory droplets
- close personal contact, such as touching or shaking hands
- touching an object or surface with the virus on it

Symptoms of COVID-19 include:

- fever
- coughing
- shortness of breath
- in more severe cases, pneumonia (infection in the lungs)

The vast majority of people recover from this infection. Most people will have mild or moderate symptoms. Older people and those with pre-existing medical conditions have a greater risk for more serious illness.

OTPs

The following information is meant to support opioid treatment program (OTP) medical directors relating to the COVID-19 situation in Maryland. This interim guidance contains recommendations and resources as we await further guidance from our federal partners. If you have additional questions, please email them to the BHA Director of Quality Assurance/State Opioid Treatment Authority Frank Dyson: frank.dyson@maryland.gov.

We will update this document as needed and post updated versions to [our BHA webpage](#).

How do we reduce transmission in our program facility?

The CDC has provided [interim infection prevention and control recommendations in health care settings](#). Also:

- Anyone with symptoms of a respiratory illness (e.g., cough, sore throat, fever, runny nose) should be given a mask before entering the space and throughout their visit or, if a facemask cannot be tolerated, use a tissue to contain respiratory secretions.
- Provide alcohol-based hand sanitizer with 60-95% alcohol at the front desk and at each dosing window.
- Undertake routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label).

Can we dose someone in a separate room if they present with a fever or a cough?

Yes.

Develop procedures for OTP staff to take clients who present at the OTP with respiratory illness symptoms such as fever and cough to a location other than the general dispensary and/or lobby, to dose clients in closed rooms as needed. At such time, the OTP should work with the

patient to arrange take-home medications or another form of delivery of the medications as appropriate (surrogate, etc.).

OTP staff should use [interim infection prevention and control recommendations in health care settings published by the CDC](#).

What guidance is there from Maryland and SAMHSA to provide clients with take-home dosing during this public health emergency?

For individual client cases, please continue to submit exceptions through the SAMHSA OTP extranet website. The federal requirement for daily dosing has some therapeutic benefit and decreases the risk of diversion for clients who are unstable in treatment. However, in the context of the COVID-19 pandemic, frequent attendance will likely increase the risk of transmission among patients, program staff, and community members.

The CDC has identified those at higher risk for serious illness from COVID-19 (<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>). This includes older adults over 60 and anyone who has chronic medical conditions including heart disease, diabetes, and lung disease.

The CDC is specific in its instructions for those who are at higher risk from COVID-19 on precautions they should take.

“If you are at higher risk for serious illness from COVID-19 because of your age or because you have a serious long-term health problem, it is extra important for you to take actions to reduce your risk of getting sick with the disease.

- Contact your health care provider to ask about obtaining extra necessary medications to have on hand in case there is an outbreak of COVID-19 in your community and you need to stay home for a prolonged period of time.
- If you cannot get extra medications, consider using mail-order for medications.
- Avoid crowds, especially in poorly ventilated spaces. Your risk of exposure to respiratory viruses like COVID-19 may increase in crowded, closed-in settings with little air circulation if there are people in the crowd who are sick.
- If COVID-19 is spreading in your community, take extra measures to put distance between yourself and other people to further reduce your risk of being exposed to this new virus. Stay home as much as possible.”

For an individual patient at higher risk from COVID-19 who receives MAT at an OTP, being in compliance with these CDC instructions may require take-homes. Complications from COVID-19 is a risk factor for relapse and coming daily to an OTP increases the risk for COVID-19. Another risk factor for relapse is anxiety related to being at higher risk for serious complications from

COVID-19, and anxiety can arise for someone not able to comply with CDC recommendations to avoid crowds, stay at home, and obtain extra medication.

42 CFR 8.12 already allows OTP medical directors to determine on a patient-by-patient basis whether the therapeutic benefits of take-home doses outweigh the risks of diversion. To further assist with social distancing for an individual patient at higher risk from COVID-19, a take-home exception request should be submitted before the time in treatment requirement has been met, if the patient meets any of the following criteria:

1. Elevated risk of contracting or transmitting COVID-19, and/or elevated morbidity/mortality risk in the event of COVID-19 infection. Currently, that includes those 60 and older and those of any age with an underlying medical condition OR
2. Laboratory confirmed COVID-19 infection or suspected exposure to someone with COVID-19 OR
3. Patients endorsing symptoms consistent with COVID-19 disease

AND

4. Assurance of safe storage and transportation of medication
5. Have been provided access to a naloxone kit

Here are further details about the following currently approved courses of action in which a Maryland OTP **should apply for an exception** via the SAMHSA OTP extranet website for up to two weeks of medication.

1. For patients endorsing symptoms of a respiratory infection they should be isolated, given a mask, and evaluated by a medical provider who will make a determination as to a safe number of take-home doses, taking into consideration the patient's stability in treatment and ability to safely store and protect medication, not to exceed two weeks of medication.

For patients who have already earned one additional take home: These patients have meaningfully fulfilled the eight take-home criteria and have done so for a period sufficiently long to suggest likely ongoing compliance. In the context of a public health emergency of this scale, these patients have demonstrated enough clinical stability to provide up to seven days of medication.

2. For patients with only one take home (unearned), determined by the medical provider to be appropriate, consider the following approach: a staggered take-home schedule whereby half the OTP's patients will present on Mondays, Wednesdays and Fridays, and the other half of OTP patient's present on Tuesday, Thursday, Saturdays, with the

remaining doses of the week provided as a take home. Patients should receive no more than two consecutive take homes at a time. This reduces the clinic's daily census in half and has a tolerable risk profile.

3. Patients on buprenorphine: Based on the more favorable safety profile of buprenorphine, outpatient dosing on buprenorphine for new clients can be extended to one clinic visit per week with take homes (no CSAT exemption required). Stable patients should already have earned at least a two-week clinic attendance schedule on average.
4. Unstable patients: Patients in any of the population categories above who are determined to be too unstable or unsafe to manage take-home doses should continue daily dosing in the clinic. For these unstable patients who, for safety reasons, need to continue daily dosing, every precaution should be made to limit exposures from symptomatic patients, and to medically fragile patients (no CSAT exemption required). The OTP can assess whether a responsible adult can serve as a surrogate to receive the medication and responsibly dispense the drug to the patient. A chain of custody form will need to be completed.

All patients must have a lockable take-home container and written instructions on protecting their medication from theft and exposure to children or animals. The clinic should remain open during regular business hours to field calls from patients who are receiving take homes. The efficacy and safety of this take-home strategy should be continually assessed. All medical exceptions should provide appropriate and complete documentation. Please include with your submission all supporting documentation.

Also consider communication outreach to clients through phone calls, emails, and signage onsite to let them know if they become sick to contact the OTP before coming onsite, so take-home approval can be prepared in advance for dispensing.

Can we provide delivery of medication to our clients if they cannot leave their home, or leave a controlled treatment environment?

There is nothing under federal law that prohibits this from occurring, although resources to offer this level of service may vary by program. The program will need to take the necessary steps to ensure the security of the medication. For information on how to attain approval for take-home dosing please see previous question and answers.

What if I have a question about testing for COVID-19?

In addition to information from the CDC and MDH websites primary care doctors or local health departments can be contacted. 211 can also be called.

What warrants a shut-down of an OTP?

You must consult with and obtain approval from both your local addiction authority and the Maryland State Opioid Treatment Authority Frank Dyson (or designee) before making decisions about operations. OTPs are considered essential public facilities and should make plans to stay open in most emergency scenarios, and be able to accept new clients. No OTP can hold new client admissions at this time.

We have clients and employees who are extremely anxious about COVID-19. What can we tell them to support them?

Hearing the frequent news about COVID-19 can certainly cause people to feel anxious and show signs of stress, even if they are at low risk or don't know anyone affected. These signs of stress are normal.

Visit the CDC page on Mental Health and Coping with COVID-19:

<https://www.cdc.gov/coronavirus/2019-ncov/about/coping.html>

Or check the MDH website for FAQs on Mental Health, Stress and Anxiety for various audiences.

You could adapt messaging from these sources for the clients you serve or print these materials.

As detailed on the CDC website <https://www.cdc.gov/coronavirus/2019-ncov/about/prevention.html>, there are steps everyone should take to reduce their risk of getting and spreading any viral respiratory infection. These include: wash your hands often with soap and water for at least 20 seconds, cover your mouth and nose with your elbow when you cough or sneeze, don't touch your face, disinfect high touch objects and surfaces, and stay home and away from others if you are sick.

Should we be worried about any medication shortages and/or disruption of a medication supply for methadone and/or any buprenorphine containing products?

At this time, there have been no reports from any state or federal partner about a potential for disruption in the medication supply for methadone and/or any buprenorphine containing product. Any future updates or changes to this guidance will come from the Maryland State Opioid Treatment Authority. Please contact the State Opioid Treatment Authority if your

program has any specific concerns.

What else should my OTP be doing to prepare for or respond to COVID-19?

- Ensure you have up-to-date emergency contacts for your employees and your patients.
- Inquire with a staffing agency about contracting with temporary staff as needed.
- Ensure your program leadership has the contact information of the State Opioid Treatment Authority Frank Dyson or his designee. Discuss with your patients whether they have or want to determine a designated other person who may be able to pick up their medications if they are unable to.
- Develop procedures for OTP staff to take patients who present at the OTP with respiratory illness symptoms such as fever and coughing to a location other than the general dispensary and/or lobby, to dose clients in closed rooms as needed.
- Develop protocols for provision of take-home medication if a client presents with respiratory illness such as fever and coughing.
- Develop a communications strategy and protocol to notify clients who are diagnosed with or exposed to COVID-19, and/or clients who are experiencing respiratory illness symptoms such as fever and coughing, that whenever possible the client should call ahead to notify OTP staff of their condition. This way OTP staff can have a chance to prepare to meet them upon their arrival at an OTP with pre-prepared medications to be dispensed in a location away from the general lobby and/or dispensing areas, or can give medication to a delegated surrogate.
- Develop a plan for possible alternative staffing/dosing scheduling in case you experience staffing shortages due to staff illness.
- Develop a plan for criteria for staff members who may need to stay home when ill and/or return to the workforce when well.

OTPs may want to ensure they have enough medication inventory onsite for every client to have access to two weeks of take-home medication, or more.

Current guidelines recommend trying to maintain a six-foot distance between patients onsite in any primary care setting, as best as possible. We realize in an OTP setting that this guidance may be difficult to achieve, but should be attempted to the best of everyone's ability. OTPs may want to consider expanding dosing hours to help space out service hours to help mitigate the potential for individual clients queuing in large numbers in waiting room and dosing areas.

Continue to report the death of any OTP client within 24 hours to the Maryland Department of Health.